10-10-06 PTO/SB/21 (09-06) Approved for use through 03/31/2007. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE r the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numbe Application Number TRANSMITTAL Filing Date First Named Inventor **FORM** Art Unit **Examiner Name** (to be used for all correspondence after initial filing) Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): **Extension of Time Request** Request for Refund Express Abandonment Request CD, Number of CD(s)_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Signature Printed name Date

CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Date OCT. 6,2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

Typed or printed name

Eff	ective on 12/08/		40451		,,,	Complete	if Knov	vn
FEE TRANSMITTAL FOR FY 2006 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 744.00				Application Nu	10/	705	651	
				Filing Date		NN 10: 2003		2003
				First Named In	First Named Inventor HGG INS			•
				Examiner Nam	ne	MICHAEZ S. HOL		
				Art Unit			16	
				Attorney Docke	et No.	NA		
METHOD OF PAYME	NT (check a	ll that apply) 🗲	? T_			-L		
Check Credi	t Card	Money Order	Non	e Other	(please id	entify):		
Deposit Account		nt Number:						
—		account, the Direct					oly)	
_	(s) indicated t							cept for the filin
· • • •	• •		nto of fo					cept for the min
under 37 C	FR 1 16 and	e(s) or underpaymer 1.17			•	erpayments		
WARNING: Information on information and authorizati	this form may b	oecome public. Credit s	card inf	ormation should	not be inc	luded on thi	s form. P	rovide credit card
FEE CALCULATION		EE FORMS	423	Action /	(277	f S50 6	•	
				HOUSE (=		<u> </u>		
1. BASIC FILING, SE	ARCH, AND FILING	EXAMINATION I	CEVE CEVE	CH FEES	FΥΔ	MINATION	FEES	
		Small Entity		Small Entity		Small		Face Daid
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$) Fee (\$)		(\$) <u>Fee</u>	<u>(\$)</u>	Fees Paid
Utility	300	150	500	250	20	0 100)	
- ·	200	100	100	50	13	0 6	5	
Design	200	100	300	150	11		`	
Design Plant	200	100	500	. 130	16	0 80	,	
	300	150	500	250	60			
Plant					60	0 300		
Plant Reissue	300 200	150	500	250	60	0 300	0	Small Entity
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description	300 200	150 100	500	250	60	0 300	0 0 <u>ee (\$)</u>	Fee (\$)
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20	300 200 EES	150 100 Reissues)	500	250	60	0 300 0 (0 0 ee (\$) 50	
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 Each independent	300 200 EES (including claim over 3	150 100 Reissues)	500	250	60	0 300 0 (0 0 <u>ee (\$)</u>	Fee (\$) 25
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20	300 200 EES) (including claim over 3	150 100 Reissues) (including Reissu	500 0	250	60	0 300 0 (0 0 Be (\$) 50 200 360	Fee (\$) 25 100 180
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 Each independent of Multiple dependent Total Claims20 or HP	300 200 EES 0 (including claim over 3 t claims Extra Cla	150 100 Reissues) (including Reissu ims Fee (\$)	500 0	250	60	0 300 0 (<u>F</u>	0 0 Be (\$) 50 200 360	Fee (\$) 25 100
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 Each independent Multiple dependent Total Claims ————————————————————————————————————	300 200 EES 0 (including claim over 3 t claims Extra Cla cotal claims paid	150 100 Reissues) (including Reissu ims Fee (\$) x for, if greater than 20.	500 0 ues)	250 0	60	0 300 0 (<u>F</u>	0 0 ee (\$) 50 200 360 uitiple D	Fee (\$) 25 100 180 ependent Claim
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 Each independent of Multiple dependent Total Claims 20 or HP	300 200 EES 0 (including claim over 3 t claims Extra Cla cotal claims paid Extra Cla	150 100 Reissues) (including Reissu ims Fee (\$) x for, if greater than 20.	500 0 ues)	250	60	0 300 0 (<u>F</u>	0 0 ee (\$) 50 200 360 uitiple D	Fee (\$) 25 100 180 ependent Claim
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 Each independent Multiple dependent Total Claims HP = highest number of t Indep. Claims	300 200 EES 0 (including claim over 3 t claims Extra Cla cotal claims paid Extra Cla	150 100 Reissues) (including Reissues) ims Fee (\$) x for, if greater than 20. ims Fee (\$)	500 0 ues) = <u>Fee</u>	250 0	60	0 300 0 (<u>F</u>	0 0 ee (\$) 50 200 360 uitiple D	Fee (\$) 25 100 180 ependent Claim
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 Each independent Multiple dependent Total Claims — - 20 or HP HP = highest number of t Indep. Claims — 3 or HP = HP = highest number of ir	300 200 EES (including claim over 3 t claims Extra Cla cotal claims paid Extra Cla	150 100 Reissues) (including Reissues) ims Fee (\$) x for, if greater than 20. ims Fee (\$) x ns paid for, if greater then	500 0 lies) = <u>Fee</u> =	250 0 Paid (\$)	60	0 300 0 <u>F</u>	0 0 50 50 200 360 ultiple D	Fee (\$) 25 100 180 ependent Claim Fee Paid (
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 Each independent Multiple dependent Total Claims — - 20 or HP HP = highest number of t Indep. Claims — - 3 or HP = HP = highest number of ir 3. APPLICATION SIZ If the specification a	300 200 EES (including claim over 3 t claims Extra Cla cotal claims paid	150 100 Reissues) (including Reissues) (including Reissues) Ims Fee (\$) x for, if greater than 20. ims Fee (\$) x ns paid for, if greater the exceed 100 sheet	500 0 ues) = <u>Fee</u> =ann 3.	250 0 Paid (\$) Paid (\$)	600	0 300 0 E	0 0 50 50 200 360 ultiple Diee (\$)	Fee (\$) 25 100 180 ependent Claim Fee Paid (
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 Each independent Multiple dependen Total Claims — -20 or HP HP = highest number of t Indep. Claims — -3 or HP = HP = highest number of ir 3. APPLICATION SIZ If the specification a listings under 37	300 200 EES (including claim over 3 t claims Extra Cla cotal claims paid	150 100 Reissues) (including Reissues) (including Reissues) Ims Fee (\$) x for, if greater than 20. Ims Fee (\$) x ns paid for, if greater the exceed 100 sheet)), the application as 35 U.S.C. 41(a)	500 0 ues) Fee = Fee = Start 3.	250 0 Paid (\$) Paid (\$) per (excluding e due is \$250 (and 37 CFR 1	electro (\$125 fc	0 300 0 E	0 0 0 50 200 360 ultiple Deee (\$)	Fee (\$) 25 100 180 ependent Claim Fee Paid (
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 Each independent Multiple dependen Total Claims — -20 or HP HP = highest number of t Indep. Claims — -3 or HP = HP = highest number of ir 3. APPLICATION SIZ If the specification a listings under 37	300 200 EES (including claim over 3 t claims Extra Cla cotal claims paid	150 100 Reissues) (including Reissues) (including Reissues) x for, if greater than 20. ims Fee (\$) x ns paid for, if greater the exceed 100 sheet)), the application is 35 U.S.C. 41(a) exts Number	500 0 ues) Fee = Fee = Start 3.	250 0 Paid (\$) Paid (\$) per (excluding be due is \$250 (and 37 CFR 1.25)	electros (\$125 fc. 16(s).	0 300 0 E	0 0 0 50 200 360 ultiple Deee (\$)	Fee (\$) 25 100 180 ependent Claim Fee Paid (
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 Each independent Multiple dependen Total Claims — -20 or HP HP = highest number of t Indep. Claims — -3 or HP = HP = highest number of ir 3. APPLICATION SIZ If the specification a listings under 37 sheets or fraction	300 200 EES (including claim over 3 t claims Extra Cla Extra Cla contact claims paid Extra Cla contact claims EFEE and drawings CFR 1.52(e an thereof. Se Extra Sh	150 100 Reissues) (including Reissues) (including Reissues) Ims Fee (\$) x for, if greater than 20. Ims Fee (\$) x ns paid for, if greater the exceed 100 sheet)), the application as 35 U.S.C. 41(a)	500 0 ues) Fee = Fee = Start 3.	250 0 Paid (\$) Paid (\$) per (excluding e due is \$250 (and 37 CFR 1	electros (\$125 fc. 16(s).	0 300 0 E	0 0 0 50 200 360 ultiple Deee (\$)	Fee (\$) 25 100 180 ependent Claim Fee Paid (
Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 Each independent Multiple dependen Total Claims - 20 or HP HP = highest number of t Indep. Claims - 3 or HP = HP = highest number of ir 3. APPLICATION SIZ If the specification a listings under 37 sheets or fraction Total Sheets	300 200 EES (including claim over 3 t claims Extra Cla Extra Cla dependent claims EFEE and drawings CFR 1.52(e a thereof. Se Extra Sh	150 100 Reissues) (including Reissu ims Fee (\$) x for, if greater than 20. ims Fee (\$) x ns paid for, if greater th exceed 100 sheet)), the application the 35 U.S.C. 41(a) the sets Number 100 / 50 =	Fee =	250 0 Paid (\$) Paid (\$) per (excluding the due is \$250 (and 37 CFR 1.25) and additional 50 (round up to a	electros (\$125 fc. 16(s).	0 300 0 E	0 0 0 50 200 360 ultiple Deee (\$)	Fee (\$) 25 100 180 ependent Claim Fee Paid (

Signature Date Name (Print/Type)

This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.